

2019 Medical Release Form

Consent to Medical Treatment & Release of Liability

(Read this before signing below)

Parent/Guardian shall hereby release, hold harmless and indemnify the Florida Gulf Coast University Board of Trustees, and Florida Gulf Coast University and its officers, employees and agents, for and against any and all liability claims, charges, damages, demands, expenses, fees, fines, penalties, losses, suits, proceedings, actions, and costs thereof (including attorney fees and court costs for all actions and appeals therefrom), judgments, injuries, damages or liabilities, in law or in equity, of any kind and nature resulting from or arising out of an illness or injury related to my child's acts or omissions while a participant in the 2019 FGCU Volleyball Camps.

To the best of my knowledge, I/my child am/is in good physical condition and I am not aware of any physical infirmity which would place me/my child at risk to participate in any way with camp activities. I am fully aware of risks and hazards connected with the camp. **I voluntarily assume full responsibility for any risk of loss, property damage, or personal injury, including death**, that may be sustained by me/my child, or any loss or damage to property owned by me/my child as a result of being engaged in the camp's activities, **whether caused by the negligence of the releasee or otherwise**. I further here-by **agree to indemnify and hold harmless the releasee** from any loss, liability, damage, or cost, including court costs and attorney's fees, that may accrue related to me/my child's participation in this camp, whether caused by the **negligence of the releasee** or otherwise.

During the period of the camp, I hereby give permission for the staff of Florida Gulf Coast University or this camp to administer appropriate medical attention to me/my child in the event of an accident, illness or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the member of my family and my spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a **release, waiver, discharge and covenant not to sue** the above named releasee. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Florida. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this release for full, adequate and complete consideration fully intending to be bound by the same.

I release and forever discharge and covenant not to sue the Florida Gulf Coast University Board of Trustees, Florida Gulf Coast University and their officers, agents, employees, and representatives ("Releasees") from and against any and all liability for any and all claims, demands, actions, causes of action of whatever kind or nature, costs and expenses of any nature, including attorneys' fees ("Claims") that I may have or that may hereafter accrue to me or my Child, arising out of or related to any harm, loss, damage, or injury including, but not limited to suffering, death, or property loss that may be sustained by my Child, whether caused by his/her action, or the negligence of the Releasees or the action of third parties in connection with the Activity. I also agree not to sue Releasees in connection with any such harm, loss, damage, or injury. I agree to indemnify and hold Releasees harmless from any against all claims asserted against any of the Releasees by any entity based upon my Child's participation in the Activity.

I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARENT /GUARDIAN SIGNATURE

DATE SIGNED

CAMPERS NAME (PRINT)

MEDICAL INSURANCE COMPANY NAME

POLICY NUMBER

GROUP

INSURANCE COMPANY PHONE NUMBER

INSURED'S NAME